| Hello, my name is | , I work with the l | Jniversity of Washin | gton Seattle Flu Study. |
|--------------------------------|-------------------------|-----------------------------|---------------------------|
| Today we want to talk with | you to learn about your | thoughts and exper | ences with healthcare. |
| Specifically, we want to know | ow more about COVID- | 19 vaccination. We | will also do about 29 |
| interviews with other people | in Seattle King County | shelters. We value y | our opinion. It will help |
| us better understand feeling | ngs and experiences v | vith COVID-19, vac | cines, and COVID-19 |
| vaccines. It will also help us | understand how vaccin | es can play a role ir | keeping you and your |
| community healthy. | | | |

REVIEW WRITTEN CONSENT FORM AND RECEIVE AUDIO/VISUAL CONSENT. THANK ANYONE WHO DECIDES NOT WANT TO PARTICIPATE.

Our conversation today will take about 30-60 minutes. With your permission, I would like to record our conversation today. We try to take notes, but they are not always complete. If you want to make a comment that you don't want recorded, tell me and I will turn off the recorder. I will then re-start it when you finish making your comment. Is that OK?

Please remember that anything we say here today is confidential. What you share with me will be combined with the information from other participants. That way no one will know what you said as an individual. Do you have any questions before we begin?

- START THE VIRTUAL RECORDER -

[INTERVIEWER ASSIGN AND STATE UNIQUE IDENTIFIER AT THE BEGINNING OF THE RECORDING E.G., "SSI_OP_TM_2021-06-25"]

We will now begin. Can you confirm that you agree to be audio recorded?

1. GENERAL QUESTIONS ABOUT HEALTH SYSTEM PERCEPTIONS AND SEEKING HEALTHCARE

I am going to start with general questions about your experiences with healthcare.

- a) Can you tell me where you go most often when you get sick or need healthcare?
- b) Can you describe your most recent experiences getting healthcare services? **Probe**:
 - Have they been positive or negative experiences?
- c) [REFER TO NEGATIVE EXPERIENCES IF MENTIONED IN 1B]. Can you describe what makes it hard to get healthcare when you need it? **Probe**:
- d) How has your experience getting health services affected how you feel/think about healthcare?
- e) What do you do when you want to learn more about a health topic or have a question about your health? **Probe:**
 - Where do you go?
 - Who do you go to?
 - Why do you go there?

2. GENERAL QUESTIONS ABOUT VACCINATION EXPERIENCES AND PERCEPTIONS Now, I am going to ask you questions about your experiences with vaccination in general.

a) Please describe what you saw or heard about vaccines while growing up. **Probe**:

- Did you receive vaccines when you were growing up?
- How did others' opinions affect how you feel/think about vaccines in general?
- b) Briefly, can you tell me about your experience getting vaccines throughout your life? **Probe:**
 - What stands out when you think about prior vaccination experiences (As a child vs. as adult? In the US or other countries?)
 - Describe any difficult experiences.

3. QUESTIONS ABOUT COVID-19 IMPACT, INFORMATION SEEKING, CARE SEEKING AND PERCEPTIONS

Now, I am going to ask you about your experiences with COVID-19 and where you get information about it.

- a) In a few words, how has COVID-19 and the pandemic affected you and your life? **Probe:**
 - What has changed?
- b) You've mentioned that you use **[SOURCES MENTIONED ABOVE IN 1d]** for health information. Are those the sources you've used to get information about COVID-19 too or are there any others? **Probe:**
 - Sources can include: primary care provider, TV, radio, internet/social media, community members (e.g., family, friends, church, other residents), program staff
- c) What sources do you trust the most for information about COVID-19? Probe:
 - How much do you trust these sources for information on COVID-19 disease?
 - Can you tell me some reasons why you [trust/mistrust] this information?
- d) What are your thoughts on COVID-19 policies in Washington State (e.g., public health/government mandates)? **Probe:**
 - Mask requirements /mandates?
 - Vaccine requirements/mandates?
 - FDA approval of boosters?

Now, I am going to ask you about COVID-19 testing.

- e) Can you describe your experiences with COVID-19 tests? **Probe:**
 - How do you feel/think about COVID-19 tests?
 - Did you have any issues accessing a COVID-19 test when you wanted one (e.g., transportation or distance to a clinic, you weren't sure where to go to get it)?
 - What would make getting a COVID-19 test easier for yourself? For others?

Now, I am going to ask you about COVID-19 vaccines.

- f) What have you heard about COVID-19 vaccines? **Probe:**
 - Can you describe good things you have heard about COVID-19 vaccines?
 - Can you describe concerns you have had related to COVID-19 vaccines?
 - How have your concerns changed over time?
 - What influenced the changes?
- g) Where have you found information you trust about COVID-19 vaccines? Probe:
 - How much do you trust these sources for information on COVID-19 vaccines?
 - Why?
 - Which do you think are most important/helpful/trustworthy?
 - Which do you think are least important/helpful/trustworthy?

- What information would [be/have been] helpful to have about COVID-19 vaccines?
- h) Where have you found information that you do not trust about COVID-19 vaccines?
- How do others around you (e.g., friends, family, co-workers) feel/think about COVID-19 vaccines? Probe:
 - What have you heard people around you say about COVID-19 vaccination that is positive/negative?
- j) What makes it easier for people to get a COVID-19 vaccine?
- k) What makes it hard for people to get a COVID-19 vaccine?
- I) We are trying to gather questions that people still have about COVID-19 vaccines. If you could know anything about COVID-19 vaccines, what would you want to know? **Probe**:
 - Please explain any unanswered questions that you have.
 - We will not be able to answer these questions today. But we hope these can be included in future shared materials.

4. QUESTIONS ABOUT COVID-19 VACCINATION AND INTENT OVER TIME

- a) How do you feel/think about COVID-19 vaccines? **Probe**:
 - **[IF FEELS DIFFERENTLY THAN INDICATED ON PIT]** I noticed in the other survey you stated [], what contributed to this change?

[AMONG THOSE PLANNING TO GET VACCINATED/ALREADY VACCINATED]

- b) Based on your previous survey, can you tell me more about why you [are planning /chose] to receive a COVID-19 vaccine? **Probe**:
 - Why [do/did] you want to get vaccinated against COVID-19?
 - Describe how you made your decision to get vaccinated.
- c) Can you describe your experiences with getting COVID-19 vaccines? **Probe**:
 - What made it easy to get a COVID-19 vaccine?
 - What made it hard to get a COVID-19 vaccine?
 - What would make getting a COVID-19 vaccine easier?
 - Has there been a time where you wanted to receive a COVID-19 vaccine, but had issues accessing it (e.g., transportation or distance to a clinic, you weren't sure where to go to get it)?
 - Did you have any issues with getting your second dose?
- d) How have your feelings/thoughts about whether to get a COVID-19 vaccine changed over time? **Probe:**

• [SHOW PICTURE TO GET FEEDBACK ON VACCINE CONTINUUM]

- Can you show me how your feelings/thoughts have changed using this picture?
- Where do you feel you fit on this picture currently?
- How is this different from how you felt in the past (if different from right now)?
- **[If changed over time]** Why have you felt more positive or more negative about COVID-19 vaccines?
 - Please tell me more about what or who changed your mind. How?
 - Was there a specific moment where you changed your mind? Please describe.
- [If no change over time] Describe why you [are making/made] your decision to get vaccinated.

- Please tell me more about how you made your decision.
- e) How have you changed your opinion on COVID-19 vaccines after hearing others' opinions? **Probe:**
 - Tell me specifically who of the people around you (e.g., friends, family, coworkers) have influenced your thoughts on COVID-19 vaccine?
 - How did your conversation(s) with them influence/change your attitude towards COVID-19 vaccines?
- f) What would help to change people's minds to get the COVID-19 vaccine? **Probe**:
 - Describe anything that might change someone's mind...
 - Material items? (e.g., money, sick leave)
 - Mandate? (e.g., requirement for work, travel, healthcare)
 - Information? (e.g., educational event)
 - Personal experience? (e.g., someone close to me is sick/susceptible, outbreak at shelter or shelter nearby)
 - What is most important?
 - Do you think incentives would improve vaccination?
 - What types of incentives might be most effective?
 - What types of incentives should not be offered?
 - How much money would be appropriate as an incentive for you to be vaccinated?

[AMONG THOSE UNDECIDED OR NOT INTENDING TO GET VACCINATED]

- b) Can you describe why you have not been vaccinated yet (reasoning, decision-making process)?
- c) How have your feelings/thoughts about whether to get a COVID-19 vaccine changed over time? **Probe**:
 - [SHOW PICTURE TO GET FEEDBACK ON VACCINE CONTINUUM]
 - Can you show me how your feelings/thoughts have changed using this picture?
 - Where do you feel you fit on this picture currently?
 - How is this different from how you felt in the past (if different from right now)?
 - [If changed over time] Why have you felt more positive or more negative about COVID-19 vaccines?
 - Please tell me more about what or who changed your mind. How?
 - Was there a specific moment where you changed your mind? Please describe.
 - [If no change over time] Describe why you [are making/made] your decision to not get vaccinated.
 - Please tell me more about how you made your decision.
- d) How have you changed your opinion on COVID-19 vaccines after hearing others' opinions? **Probe**:
 - Tell me specifically who of the people around you (e.g., friends, family, coworkers) have influenced your thoughts on COVID-19 vaccine?
 - How did your conversation(s) with them influence/change your attitude towards COVID-19 vaccines?
- e) What would you need to change your mind to get the COVID-19 vaccine? **Probe**:
 - Describe anything that might change someone's mind...
 - Material items? (e.g., money, sick leave

- Mandate? (e.g., requirement for work, travel, healthcare)
- Information? (e.g., educational event)
- Personal experience? (e.g., someone close to me is sick/susceptible, outbreak at shelter or shelter nearby)
- What is most important?
- Do you think incentives would improve vaccination?
- What types of incentives might be most effective?
- What types of incentives should not be offered?
- Is there a specific amount of money as an incentive that would convince you to be vaccinated? If so, how much?

[AMONG PARTICPANTS WITH CHILD(REN) UNDER THEIR CARE, AS INDICATED IN THE PIT SURVEY]

- g) Can you describe your thoughts about vaccinating your child against COVID-19? **Probe:**
 - Tell me more about that (e.g., access, availability, eligibility).

5. QUESTIONS ABOUT ORGANIZATIONAL STRATEGY AGAINST COVID-19

Now, I am going to ask you some questions about how this shelter has dealt with COVID-19. Remember, your answers will be anonymous. Your name will not be attached to these answers or shared with anyone outside the research team.

- a) I would like to know about how the shelter has communicated with residents [AMONG STAFF ONLY: and staff. Let's start with residents.] Can you please describe how the shelter communicated with residents about COVID-19 information and rules? Probe:
 - What worked well?
 - What did not work well?
 - What would have made it better?
 - Please describe any recommendations for how the shelter could better communicate to residents.
 - How has this affected you?
 - How has the shelter's COVID-19 testing and mask use/social distancing been working or not working?
 - (E.g., flyers, information booth)
- b) [AMONG STAFF ONLY] Now I will ask about the shelter's communication with staff. Can you please describe how the shelter communicated with staff about COVID-19 information and rules? Probe:
 - What worked well?
 - What did not work well?
 - What would have made it better?
 - Please describe any recommendations for how the shelter could better communicate to staff.
 - How has this affected you?
 - How has the shelter's COVID-19 testing and mask use/social distancing been working or not working?
 - (E.g., flyers, information booth
- c) Now we will ask about COVID-19 vaccination. What do you think people's experience here was with getting the COVID-19 vaccine? **Probe:**
 - What has worked?

- What has not worked?
- How did it go?
- What would have made it better?

6. CLOSING STATEMENT

That completes the conversation for today. Do you have any questions, comments, or final thoughts that you would like to share? Thank you again for your participation.

If you have other questions or concerns, you can call our project at [**PHONE NUMBER**]. Before we end the session, I have a few administrative/business details to share with you.

7. ADMINISTRATIVE DETAILS

- PROVIDE INFORMATION ON GIFT CARDS.
- ANY OTHER ADMINISTRATIVE DETAILS

RECORDER PROTOCOL

TEST RECORDER BEFORE THE INTERVIEW AND START RECORDING

INTERVIEWER PROTOCOL

- GO THROUGH SCRIPT AND FOLLOW UP WITH QUESTIONS WHEN YOU FIND A NEW THEME OR A NEW INTERESTING PERSPECTIVE:
 - "That's interesting, can you tell me more about that?"
 - O "You mentioned xyz, can you explain a little further about what that means?"
 - "Thank you that is very helpful."
 - o "If I'm getting at this right, it sounds like..."
- NOTE TAKING